APPENDIX 49

Sample Letter

DECLINATION DECLARATION STATEMENT
DECLINATION DECLARATION STATEMENT

MUTUAL HELP PROGRAM

BUY OUT OFFER

I, _______________________________, am the named SUCCESSOR to the Mutual Help Unit formally occupied by _______________________________ and located at _______________________________.

After reviewing my options, I have elected to Decline the opportunity to BUY OUT the balance of the Mortgage on this Mutual Help home.

In so doing, I understand that I relinquish all rights to this property and associated financial accounts.

I also understand that the home will be reclaimed by the Grand Traverse Band Tribal Housing Department, refurbished, and made available to the next "eligible" family on the Mutual Help Waiting List.

(Signature of Successor) _______________________________ (Date) _______________________________

(Signature of Notary) _______________________________ (Date) _______________________________

My commission expires on: _______________________________ (Date) _______________________________

Notary Seal
APPENDIX 50

Sample Letter

REQUEST for
TEMPORARY ABSENCE
DATE: ____________________________  
(Enter Date)

FROM: ____________________________  
(Clients Name)

TO: Grand Traverse Band Housing Department

SUBJ: REQUEST FOR TEMPORARY ABSENCE

It is necessary for me to be gone from my dwelling unit for a short period of time and during that time, I would like to request a Temporary Absence so as not to loose the dwelling unit.

Name of Head of Household: __________________________________________

Dwelling Unit Number / Apartment Number: _____________________________

Dwelling Unit Location: _____________________________________________

Current Mailing Address: ___________________________________________

Current Phone Number: _____________________________________________

Dates of Absence: From ____________________________ to ________________

Reason for Absence: _______________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

I understand that this request can be for no more than ninety (90) calendar days. If it goes beyond 90 days, the Housing Department shall reclaim the unit.

(Signature of Head of Household)
HOUSING DIRECTOR REVIEW

REVIEWED BY THE HOUSING DIRECTOR ON: _______________________

REQUEST HAS BEEN:  □ Approved
                      □ Dis-Approved

COMMENTS: _______________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

(Signature - Housing Director)

cc:  Resident Services Manager
     Client File
APPENDIX  51

Sample Letter

INTENT to VACATE
DATE: ____________________________
(Enter Date)

FROM: ____________________________
(Clients Name)

TO: Grand Traverse Band Housing Department

SUBJ: Intent to Vacate

Per the terms and conditions of my Rental Lease / Homebuyer (MHOA) Agreement, this letter is being submitted to serve notice of my intent to vacate my dwelling unit.

Name of Head of Household: ____________________________________________

Dwelling Unit Number / Apartment Number: ________________________________

Dwelling Unit Location: ________________________________________________

Current Mailing Address: ______________________________________________

Current Phone Number: ________________________________________________

Forwarding Address: __________________________________________________

Vacate Date: ____________________________

Reason for Vacating (Optional): __________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

I would like to request a Pre-Move-Out Inspection: □ Yes □ No

(Signature of Head of Household)
APPENDIX  52

Sample Letter

TERMINATION
of
LEASE
NOTICE
NOTIFICATION OF TERMINATION OF LEASE AGREEMENT

(Name of Client)

(Address)

(City, State, ZIP)

Dear ________________________________,

Pursuant to your Rental Lease / Mutual Help and Occupancy (MHOA) Agreement, executed by you with the Housing Department on ______________________, you are hereby notified that your Rental Lease / Mutual Help and Occupancy (MHOA) Agreement to the dwelling unit located at: «unit number», «unit area / city», is being terminated, effective thirty-(30) calendar days from the date of this letter («date»).

The reason(s) your Rental Lease / Mutual Help and Occupancy (MHOA) Agreement is being terminated are as follows:

________________________________________________________________________

________________________________________________________________________

You must vacate the property on or before («date»), as stated above. The property must be left in a clean and good condition. The keys must be returned to the Housing Department. You shall be responsible for any costs associated with repairs and / or clean up of the dwelling unit.

Your failure to vacate the property shall result in EVICTION proceedings in Grand Traverse Band Tribal Court. If court action is necessary, the Housing Department shall request that you pay all legal fees, court costs, and attorney fees associated with the EVICTION.

If you wish to appeal the termination of your Rental Lease / Mutual Help and Occupancy (MHOA) Agreement you must request a hearing. The request must be in writing, and submitted within ten (10) calendar days of receipt of this notice. Your request must contain the reason(s) for your appeal and must be delivered to the Housing Department. If your request for appeal meets the above conditions, a hearing shall be scheduled at least five (5) calendar days prior to the effective termination date of the Rental Lease / Mutual Help and Occupancy (MHOA) Agreement.

Sincerely,

Housing Director

cc: Housing Attorney's Office, Resident Services Manager, Client File
DATE: ______________________
(Enter Date)

FROM: ______________________
(Clients Name)

TO: Grand Traverse Band Housing Department

SUBJ: Intent to Vacate

Per the terms and conditions of my Rental Lease / Homebuyer (MHOA) Agreement, this letter is being submitted to serve notice of my intent to vacate my dwelling unit.

Name of Head of Household: _______________________________________

Dwelling Unit Number / Apartment Number: ___________________________

Dwelling Unit Location: ____________________________________________

Current Mailing Address: ___________________________________________

Current Phone Number: ____________________________________________

Forwarding Address: _____________________________________________

Vacate Date: ________________

Reason for Vacating *(Optional)*: _________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

I would like to request a Pre-Move-Out Inspection: ☐ Yes ☐ No

(Signature of Head of Household)
APPENDIX 53

Sample Form

UNIT TRANSFER REQUEST FORM
REQUEST FOR UNIT TRANSFER

TENANT NAME: ________________________________

MAILING ADDRESS: ________________________________

TELEPHONE NR: HOME: ___ - ________ WORK: ___ - ________

YOUR CURRENT HOUSE NR: ________ PROJECT NAME: ________

LOCATION: ________________________________
(Pine View, River Falls, Bass Lake, etc.)

TYPE OF UNIT TRANSFER REQUEST:
☐ Increase/Decrease in Family Size  ☐ Emergency
☐ Medical  ☐ Gang Violence  ☐ One-for-One Swap

I am requesting a transfer from a _______ bedroom unit to a _______ bedroom unit. The circumstances, under which I am making this transfer request, are as follows:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

(Use Additional Pages if Required)

ACKNOWLEDGMENTS

A. I understand that I am responsible for ALL Costs associated with moving, to include cleaning, damages, repairs, etc. to my current residence.

B. I agree to pay for those costs as a pre-condition for consideration of this transfer request.
C. I understand that this cleaning and repair work must be done before the transfer can take place.

D. I certify that I have NO ARREARAGES with my housing account or any Utility Company. My current utility providers are:

ELEC: ___________________________ LP: ___________________________

(Tenant Signature) ___________________________ (Date) ___________________________

HOUSING DEPARTMENT USE ONLY

DATE RECEIVED: _______________ DATE REVIEWED: _______________

RESIDENT SERVICES STAFF COMMENTS: ______________________________________

________________________________________

CLIENTS HOUSING DEPARTMENT FUNDWARE ACCOUNT CHECKED FOR ARREARS.

CURRENT BALANCE: $__________ AS OF ____________ VERIFIED BY: ____________

(Enter Amount) (Date) (Staff Initials)

UTILITIES – GAS – CHECKED FOR ARREARS BY SENDING UTILITY VERIFICATION.

NAME OF COMPANY: ________________________________________________

CURRENT BALANCE: $__________ AS OF ____________ VERIFIED BY: ____________

(Enter Amount) (Date) (Staff Initials)
UTILITIES – ELECTRIC – CHECKED FOR ARREARS BY SENDING UTILITY VERIFICATION.

NAME OF COMPANY: ________________________________________________________________

CURRENT BALANCE: $__________ AS OF _________ VERIFIED BY: _______
(Enter Amount) (Date) (Staff Initials)

REVIEWED BY DIRECTOR ON: ______________________ INITIALS: _______

DIRECTORS COMMENTS: __________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

cc: Resident Services Manager
    Maintenance Division Manager
    Rehabilitation Division Manager
    Client File
REQUEST FOR UNIT TRANSFER
ONE-FOR-ONE SWAP

I, ____________________________, the Lease Holder for the
(NR of Bedrooms) ____________________________, bedroom rental unit ____________________________, located in ____________________________, (Project Name or Area)

and ____________________________, the Lease Holder for the
(NR of Bedrooms) ____________________________, bedroom rental unit ____________________________, located in ____________________________, (Project Name or Area)

have agreed to a one-for-one swap of units.

ACKNOWLEDGMENTS

1. I understand that I must accept ____________________________, in an "AS IS" condition.
   (House/Apartment Number)

2. I understand that for record keeping purposes, this transfer must take place on the 1st of
   the month.

3. I agree to pay for all moving expenses incurred as a result of this transfer request.

4. I agree to take responsibility for notifying the utility and L.P. Gas companies of this
   transfer prior to the scheduled move date.

5. I agree to have the Housing Department document the condition of my old home 
   (MOVE-OUT INSPECTION) and the condition of my new home (MOVE-IN 
   INSPECTION) within forty-eight (48) hours of the scheduled move date.

6. I agree to pay for any expense, resulting from this unit transfer, which may be incurred 
   by the Housing Department and that is my responsibility.

_________________________________________   ______________________________
(Lease Holder Signature)                     (Date)
APPENDIX  54

Sample Letter

DIRECT T.V.
SATELLITE DISH
INSTALLATION
DATE: _____________________________ (Enter Date)

FROM: _____________________________ (Clients Name)

TO: Grand Traverse Band Housing Department

SUBJ: Request to Install DIRECT T.V. SATELLITE DISH

Per the terms and conditions of the Grand Traverse Band Housing Department Occupancy Policy, I would like to request permission to install a DIRECT T.V. SATELLITE DISH at my dwelling unit.

Name of Head of Household: __________________________________________

Dwelling Unit Number / Apartment Number: ____________________________

Dwelling Unit Location: _____________________________________________

Current Mailing Address: ____________________________________________

Current Phone Number: _____________________________________________

I have read Section 46 (entitled: T.V. Reception Options) of the Gray Wolf Tribal Housing Department’s Occupancy Policy and understand what my responsibilities are with regards to proper installation of a DIRECT T.V. SATELLITE DISH, paying for the installation, and removing / disposing of the Dish / Cabling upon Move-Out.

(Signature of Head of Household)
HOUSING DIRECTOR REVIEW

REVIEWED BY THE HOUSING DIRECTOR ON: ______________________

REQUEST HAS BEEN: □ Approved
□ Dis-Approved

COMMENTS: ______________________________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

(Signature - Housing Director)

Distribution: Original to Clients Resident Services File
Copy to Clients Maintenance Division File
Copy to Client
APPENDIX  55

Sample Letter

SATELLITE DISH INSTALLATION
DATE: __________________________________________
(Enter Date)

FROM: __________________________________________
(Client's Name)

TO: Grand Traverse Housing Department

SUBJ: Request to Install SATELLITE DISH

Per the terms and conditions of the Grand Traverse Band Housing Department Occupancy Policy, I would like to request permission to install a SATELLITE DISH at my dwelling unit.

Name of Head of Household: __________________________________________

Dwelling Unit Number / Apartment Number: ________________________________

Dwelling Unit Location: ________________________________________________

Current Mailing Address: ______________________________________________

Current Phone Number: ________________________________________________

I have read Section 46 (entitled: T.V. Reception Options) of the Grand Traverse Band Housing Department's Occupancy Policy and understand what my responsibilities are with regards to proper installation of a SATELLITE DISH, paying for the installation, and removing / disposing of the Dish / Cabling upon Move-Out.

__________________________________________
(Signature of Head of Household)
HOUSING DIRECTOR REVIEW

REVIEWED BY THE HOUSING DIRECTOR ON: ______________________

REQUEST HAS BEEN:  ☐ Approved
☐ Dis-Approved

COMMENTS: __________________________________________________________

_______________________________________________________________

(Signature - Housing Director)

Distribution:  Original to Clients Resident Services File
                 Copy to Clients Maintenance Division File
                 Copy to Client
APPENDIX  56

Sample Letter

T.V. ANTENNA
INSTALLATION
DATE:  
(Enter Date)

FROM:  
(Clients Name)

TO: Grand Traverse Band Housing Department

SUBJ: Request to Install a T.V. ANTENNA

Per the terms and conditions of the Grand Traverse Band Housing Department Occupancy Policy, I would like to request permission to install a T.V. ANTENNA at my dwelling unit.

Name of Head of Household: ________________________________

Dwelling Unit Number / Apartment Number: ________________________________

Dwelling Unit Location: ________________________________

Current Mailing Address: ________________________________

Current Phone Number: ________________________________

I have read Section 46 (entitled: T.V. Reception Options) of the Grand Traverse Band Housing Department’s Occupancy Policy and understand what my responsibilities are with regards to proper installation of a T.V. ANTENNA, paying for the installation, and removing / disposing of the Dish / Cabling upon Move-Out.

(Signature of Head of Household)
HOUSING DIRECTOR REVIEW

REVIEWED BY THE HOUSING DIRECTOR ON: ______________________

REQUEST HAS BEEN:  □ Approved
                     □ Dis-Approved

COMMENTS: _____________________________________________________

______________________________________________________________

(Signature - Housing Director)

Distribution:  Original to Clients Resident Services File
               Copy to Clients Maintenance Division File
               Copy to Client
APPENDIX  57

Sample Letter

NOTIFICATION
of
NEED FOR YARD UPKEEP
(Name of Client)

(Address)

(City, State, ZIP)

(Date)

Dear ____________________,

It has come to the attending of Grand Traverse Band Housing Department management that you have not been keeping your yard up to the standards set forth in our Occupancy Policy, and by which you agreed to abide.

We have determined that, dwelling unit number __________, located in the __________________ housing area needs:

☐ The Grass Cut
☐ To have Debris cleared from the Yard
☐ To have Junk Cars/Vehicles removed from the Yard
☐ To have Snow Shoveled
☐ Other ____________________________

You have seventy-two (72) hours, from the date of this notice, to complete this work or the Housing Department shall make arrangements to have the work done on your behalf. You will, however, be billed for the full cost of the service.

You are also advised, that continued non-compliance is grounds for Termination of your Rental Lease/Homebuyer (MHOA) Agreement and Eviction.

If you have any questions, please call the Housing Department at (231) 271-4473.

Sincerely,

____________________________________
Housing Department Staff Signature

cc: Client File
APPENDIX  58

Sample Letter

VISITOR ACCOMMODATIONS REQUEST
DATE: ____________________________________________
(Enter Date)

FROM: ____________________________________________
(Clients Name)

TO: Grand Traverse Band Housing Department

SUBJ: Visitor Accommodations Request

Per the terms and conditions of my Rental Lease / Homebuyer (MHOA) Agreement and the Grand Traverse Band Housing Department Occupancy Policy, I would like to request permission to have visitors in my dwelling unit.

Name of Head of Household: ____________________________________________

Dwelling Unit Number / Apartment Number: ____________________________________________

Dwelling Unit Location: ____________________________________________

Current Mailing Address: ____________________________________________

Current Phone Number: ____________________________________________

Visitor Information:

Name: ____________________________________________
Age: ____________________________________________
Relationship to Lease Holder: ____________________________________________
Length of Stay: ____________________________________________

Name: ____________________________________________
Age: ____________________________________________
Relationship to Lease Holder: ____________________________________________
Length of Stay: ____________________________________________

Name: ____________________________________________
Age: ____________________________________________
Relationship to Lease Holder: ____________________________________________
Length of Stay: ____________________________________________

Name: ____________________________________________
Age: ____________________________________________
Relationship to Lease Holder: ____________________________________________
Length of Stay: ____________________________________________
I have read Section 52 (entitled: Visitor Accommodations) of the Grand Traverse Band Housing Department's Occupancy Policy and understand what my responsibilities are with regards to visitor accommodations. I also understand that if my visitors stay beyond 30 calendar days, they must undergo the eligibility and screening process as outlined in the Housing Department Admissions Policy.

(Signature of Head of Household)

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

HOUSING DIRECTOR REVIEW

REVIEWS BY THE HOUSING DIRECTOR ON: ________________________________

REQUEST HAS BEEN: □ Approved

☐ Dis-Approved

COMMENTS: ____________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

(Signature - Housing Director)

Distribution: Original to Clients Resident Services File
Copy to Client
APPENDIX  59

Sample Form

WORK ORDER

Void
GRAND TRAVERSE BAND
HOUSING DEPARTMENT
WORK ORDER

<table>
<thead>
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<th>DATE</th>
<th>UNIT #</th>
<th>PERMISSION TO ENTER</th>
<th>TENANT DAMAGE</th>
<th>PERSON TAKING WORK ORDER</th>
<th>TOTAL LABOR CHARGE HRS</th>
<th>TOTAL MATERIALS CHARGE</th>
<th>GRAND TOTAL</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>YES NO</td>
<td>YES NO</td>
<td></td>
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<table>
<thead>
<tr>
<th>TENANT NAME</th>
<th>TELEPHONE #</th>
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DESCRIPTION OF WORK NEEDED:

START DATE: | COMPLETION DATE | EMPLOYEE SIGNATURE AND NUMBER |
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<th>LABOR HOURS</th>
<th>INVOICE NUMBER</th>
<th>MATERIALS</th>
<th>TOTAL</th>
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DATE: |

SUPERVISOR

DATE |

DEPARTMENT MANAGER

DATE |

TENANT

SORRY WE MISSED YOU

WORKER SIGNATURE | TIME | DATE |
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WHITE COPY OFFICE

PINK COPY FILE

CANARY COPY TENANT

#2